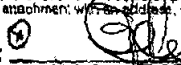


FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90045 009 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K96482				40105366	
1. Entry Name J.K.R. TRADING CORP.					
Principal Place of Business 7854 N.W. 62 STREET MIAMI, FL 33166		Mailing Address 7854 N.W. 62 STREET MIAMI, FL 33166			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0134204	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BLEZIO, JUAN C 7455 SW 170 TERRACE MIAMI, FL 33157				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Agent.					
SIGNATURE: _____					
Signature, typed in printed name of registered agent and date it was made (NOTE: Registered Agent Signature required when re-registering) Date					
FILE NOW!!! - FEE IS \$150.00 Due by September 12, 2008		10. Election Campaign Financing Trust Fund Contribution ☐		11. \$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with authority like empowered.					
SIGNATURE: 		5/20/08			
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			